



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N46794			
1. Corporation Name ORDER OF AHEPA, BOCA RATON, CHAPTER #487, INC.			
2. Principal Office Address - No P.O. Box # 2100 NW 51 STREET		3. Mailing Office Address 2100 NW 51 STREET	
Suite, Apt. #, etc. COMMUNITY HALL		Suite, Apt. #, etc. COMMUNITY HALL	
City & State BOCA RATON, FL.		City & State BOCA RATON, FL.	
Zip 33431	Country USA	Zip 33431	Country USA
4. Date Incorporated or Qualified To Do Business in Florida 01/13/1992			
5. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable			
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent			
Name THOMAS G. FREAD			
Street Address (P.O. Box Number is Not Acceptable) 19815 SEDGEFIELD TERRACE			
Suite, Apt. #, Etc. ---			
City BOCA RATON		State FL	Zip Code 33498
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.			
Signature of Registered Agent		Date 12/2/12	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	THOMAS HANTZARIDES	813 VICTORY CIRCLE	BOYNTON BEACH, FL. 33436
V	ELLIOT NANOS	3619 NATURA AVE SW	DEERFIELD BEACH, FL. 33441
S	ANDREW CONSTANTINIDES	33 E. CAMINO REAL	BOCA RATON, FL. 33432
T	NICHOLAOS MITSINICOS	126 VAN GOGH WAY	ROYAL PALM BEACH, FL. 33411
10. E-mail Address: bizweep57@gmail.com			
(To be used for future annual report notification)			
11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.			
SIGNATURE: 		11/9/12 561-845-5349	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

DEC 07 2012
D. BUTLER